



RE-EMPLOYMENT OF A DEFINED CONTRIBUTION PLAN MEMBER
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53286 (REV. 03/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

In accordance with the requirements of the North Dakota Public Employees Retirement Plan, I make application for enrollment under the plan. I understand that my membership will become effective immediately or at the attainment of age 18.

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION			
Name (Last, First, Mi)		Social Security Number	
(Maiden Name)	Date of Birth(MO/DAY/YR)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address	City	State	Zip Code +4
Spouse's Name (Last, First, Mi)	(Maiden Name)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Spouse's Social Security Number		Spouse's Date of Birth (MO/DAY/YR)	
Are you covered under: <input type="checkbox"/> Teachers Fund for Retirement (TFFR) <input type="checkbox"/> Teachers Insurance and Annuity Association College Retirement Equities Fund (TIAA-CREF) <input type="checkbox"/> N/A			
Employer		Dates	
PART B MEMBER AUTHORIZATION			
I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud.			
_____ Member's Signature		_____ Date of Signature	
PART C TO BE COMPLETED BY EMPLOYER			
Name of Participating Unit		Department Number	
Address of Participating Unit (Street or Box)		City	State Zip Code + 4
Membership Enrollment Date (MO/DAY/YR)		Gross Monthly Salary \$	Contributions start with the first paycheck
Classification (Check only one) <input type="checkbox"/> Permanent Employee (Mandatory Participation) <input type="checkbox"/> Elected Official Date Term Began: _____ <input type="checkbox"/> Appointed Official List Section of NDCC:_____			
Title of Member's Position	Is this employee an hourly employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this employee work less than 12 months per year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that the information contained on this form is correct to the best of my knowledge and belief.			
_____ Signature of Authorized Agent (Required)		_____ Date of Signature	
Please check Social Security Number with employee's Social Security Card. Please submit "Designation of beneficiary" form SFN 2560 along with this form			

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS